

Section 5 – TOPICAL MODULES (Continued)

Part E – HOUSEHOLD RELATIONSHIPS

CHECK
ITEM T28What is the composition
of this household?

8266

- 1 ☐ One person HH
- 2 ☐ Two person HH consisting of husband and wife
- 3 ☐ Two person HH consisting of non-relatives
- 4 ☐ Other

} SKIP to
section 6,
page 56CHECK
ITEM T29Is this the Reference Person's
questionnaire?

8268

- 1 ☐ Yes
- 2 ☐ No – SKIP to section 6, page 56

Pretranscribe each person's name and person number into column headings a–n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.

AT TIME OF INTERVIEW

Verify the Roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in Roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) Roster space and column.

STATEMENT F

Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate.

For each person number listed on the left side of this page, ask question 26 and enter codes from Flashcard BB.

ASK OR VERIFY –

26. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a–n)?

ROSTER

Name		Name	Name	Name	Name	Name
8272 a.		8274 b.	8276 c.	8278 d.	8280 e.	8282 f.
Person No.		Person No.	Person No.	Person No.	Person No.	Person No.
8300	Name					
Person No.						
8330	Name	8332				
Person No.						
8360	Name	8362	8364			
Person No.						
8390	Name	8392	8394	8396		
Person No.						
8420	Name	8422	8424	8426	8428	
Person No.						
8450	Name	8452	8454	8456	8458	8460
Person No.						
8480	Name	8482	8484	8486	8488	8490
Person No.						
8510	Name	8512	8514	8516	8518	8520
Person No.						
8540	Name	8542	8544	8546	8548	8550
Person No.						
8570	Name	8572	8574	8576	8578	8580
Person No.						
8600	Name	8602	8604	8606	8608	8610
Person No.						
8630	Name	8632	8634	8636	8638	8640
Person No.						
8660	Name	8662	8664	8666	8668	8670
Person No.						
8690	Name	8692	8694	8696	8698	8700
Person No.						

GO to section 6, page 56

Section 5 — TOPICAL MODULES			
Part A — SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES			
CHECK ITEM T1	Refer to cc item 24. Is . . . 15 — 17 years of age?	8000	1 <input type="checkbox"/> Yes — SKIP to Check Item T3 2 <input type="checkbox"/> No
	(These next few questions concern any payments . . . may have made for the living expenses of someone not living in this household.)		
1 a.	During the past 12 months did . . . make any regular payments for the support of someone who was not living in . . . 's household? Exclude payments for children temporarily away at school. Include alimony or child support payments. Exclude joint payments already recorded.	8002	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T3
	b. Were any of these payments for the support of . . . 's child or children under 18 years of age?	8004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 1f
c.	For how many children did . . . make support payments?	8006	<div><div></div><div></div></div> Children
d.	How much did . . . pay in child support during the past 12 months?	8008	\$ <div><div></div><div></div></div> <div><div></div><div>00</div></div> x1 <input type="checkbox"/> DK
e.	During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?	8010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T3
f.	For how many (other) persons did . . . make support payments?	8012	<div><div></div><div></div></div> Persons
g.	How is this person (are these persons) related to . . . ? (Complete 1g — 1i for first two persons mentioned.)	FIRST PERSON	SECOND PERSON
		8014	8016
h.	Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?	8018	8020
		8022	8024
i.	How much did . . . pay for the support of this person during the past 12 months?	8022	8024
		8026	8028
CHECK ITEM T2	Is the entry in 1f "3" or more?	8026	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T3
		8028	1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.
NOTES			

Section 5 – TOPICAL MODULES (Continued)

Part A – SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES (Continued)

CHECK ITEM T3 Refer to item 1b, page 13. Number of employers . . . worked for during the reference period	8030 1 <input type="checkbox"/> None – SKIP to part B, page 48 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two or more
If two or more jobs, ask 2a–2f for first job, then repeat for second job. (Now I have a few questions about . . . 's work-related expenses.)	JOB IN SECTION 2, PART A1
2a. Not counting commuting costs or expenses an employer pays, did . . . have any work related expenses such as union dues, licenses, permits, special tools, or uniforms on this job?	8032 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 2c
b. How much were . . . 's annual expenses for such items?	8036 \$ <input style="width: 60px;" type="text"/> <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK
c. During a typical week, does . . . do some driving in order to get to work? (Mark "Yes" if . . . is driven to work by a household member.)	8040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 2e
d. How many miles does . . . usually drive to and from work in a typical week? (If . . . is driven by a household member, count these miles.)	8044 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Miles
e. Does . . . have any (other) expenses getting to and from work? (Include parking expenses, tolls, bus fares, etc.)	8048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T4
f. How much are these (other) expenses in a typical week?	8052 \$ <input style="width: 60px;" type="text"/> <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM T4 Is "Two or more" marked in Check Item T3?	8056 1 <input type="checkbox"/> Yes – Ask items 2a–2f for second employer 2 <input type="checkbox"/> No
CHECK ITEM T5 Refer to cc item 27. Is . . . the designated parent or guardian of any children under 15 years of age?	8058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part B, page 48
2g. Did . . . have any work-related child care expenses during the past 4 months?	8060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part B, page 48
h. How much were . . . 's child care expenses during a typical week?	8062 \$ <input style="width: 60px;" type="text"/> <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK

GO to part B, page 48

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TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)

Part B — MARITAL HISTORY

CHECK ITEM T6

Refer to cc item 26a.

What is . . . 's current marital status?

8064

- 1 ☐ Married, spouse present
 2 ☐ Married, spouse absent
 3 ☐ Widowed
 4 ☐ Divorced
 5 ☐ Separated
 6 ☐ Never married — SKIP to part C, page 50

Go to
Statement A
or item 3

STATEMENT A

READ ONCE PER HOUSEHOLD

These next questions will ask for some information about marital history, changes in residence, and about children born to members of this household. The information will help us understand how these events affect our nation's economic situation.

Now I have a few questions about . . . 's marital history.

8066

- 1 ☐ 1 — SKIP to Check Item T10
 2 ☐ 2
 3 ☐ 3
 4 ☐ 4 +

3. How many times has . . . been married?

4a. In what month and year did . . . get married for the first time?

8068

Month x1 ☐ Don't know

8070

1 9 Year x1 ☐ Don't know

b. Did . . . 's first marriage end in widowhood or in divorce?

8072

- 1 ☐ Widowhood
 2 ☐ Divorce

c. In what month and year was . . . (widowed/divorced)?

8074

Month x1 ☐ Don't know

8076

1 9 Year x1 ☐ Don't know

CHECK ITEM T7

Is "Widowhood" marked in item 4b?

8078

- 1 ☐ Yes — SKIP to Check Item T8
 2 ☐ No

4d. In what month and year did . . . actually stop living with his/her spouse?

8080

Month x1 ☐ Don't know

8082

1 9 Year x1 ☐ Don't know

CHECK ITEM T8

Refer to item 3.

How many times has . . . been married?

8084

- 1 ☐ 2 — SKIP to Check Item T10
 2 ☐ 3 +

5a. In what month and year did . . . get married for the second time?

8086

Month x1 ☐ Don't know

8088

1 9 Year x1 ☐ Don't know

b. Did . . . 's second marriage end in widowhood or in divorce?

8090

- 1 ☐ Widowhood
 2 ☐ Divorce

c. In what month and year was . . . (widowed/divorced)?

8092

Month x1 ☐ Don't know

8094

1 9 Year x1 ☐ Don't know

CHECK ITEM T9

Is "Widowhood" marked in item 5b?

8096

- 1 ☐ Yes — SKIP to Check Item T10
 2 ☐ No

5d. In what month and year did . . . actually stop living with his/her second spouse?

8098

Month x1 ☐ Don't know

8100

1 9 Year x1 ☐ Don't know

NOTES

Section 5 – TOPICAL MODULES (Continued)	
Part B – MARITAL HISTORY (Continued)	
CHECK ITEM T10	Has a Wave 4 interview been obtained for . . . 's spouse?
8102	1 <input type="checkbox"/> Yes – SKIP to part C, page 50 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, no spouse in household
6a. In what month and year did . . . get married (most recently)?	
8104	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
8106	1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T11	Refer to Check Item T6. What is . . . 's current marital status?
8108	1 <input type="checkbox"/> Married, spouse present } SKIP to part C, page 50 2 <input type="checkbox"/> Married, spouse absent } 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated – SKIP to item 6c
6b. In what month and year was . . . (widowed/divorced)?	
8110	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
8112	1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T12	Is "Widowed" marked in Check Item T11?
8114	1 <input type="checkbox"/> Yes – SKIP to part C, page 50 2 <input type="checkbox"/> No
6c. When did . . . actually stop living with his/her (most recent) spouse?	
8116	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
8118	1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
GO to part C, page 50	
NOTES	

Section 5 — TOPICAL MODULES (Continued)

Part C — MIGRATION HISTORY

<p>(Now I have some questions about places where ... has lived in the past, and where ... was born.)</p> <p>7. In what month and year did ... move into this house/apartment/mobile home? (If ... lived here more than once, record the last month and year ... moved.)</p>	<p>8120 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8122 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8124 x7 <input type="checkbox"/> Always lived here/born here — SKIP to Check Item T15</p>
<p>8a. In what state or foreign country did ... last live before moving here? (Include transfers due to service in the Armed Forces. Exclude vacations or temporary travels where no usual residence was mentioned.) (Enter code from Flashcard W)</p>	<p>_____ Name</p> <p>8126 <input type="text"/> <input type="text"/> Code x1 <input type="checkbox"/> Don't know</p>
<p>b. During what period of time did ... last live in (place in 8a)?</p>	<p>8128 FROM <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8130 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8132 TO <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8134 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8136 x8 <input type="checkbox"/> Lived there since birth</p> <p>8138 x1 <input type="checkbox"/> Don't know</p>
<p>(SHOW FLASHCARD Z)</p> <p>9a. What categories on this card best describe the reasons for ...'s (most recent) move to this current residence? (Enter codes for all reasons mentioned.)</p>	<p>8140 <input type="text"/> <input type="text"/> 8142 <input type="text"/> <input type="text"/></p> <p>8144 <input type="text"/> <input type="text"/> 8146 <input type="text"/> <input type="text"/></p> <p>8148 <input type="text"/> <input type="text"/> 8150 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM T13 Are two or more codes entered in item 9a?</p>	<p>8152 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T14</p>
<p>9b. Of the reasons just mentioned, which one is the MAIN reason for ...'s (most recent) move? (Enter code from item 9a.)</p>	<p>8154 <input type="text"/> <input type="text"/> Code</p>
<p>CHECK ITEM T14 Are any of the codes listed in item 9a equal to 01—08?</p>	<p>8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T16</p>
<p>10a. Did ... or someone in ...'s household pay for all of that move, or did a relative, an employer, or someone else not living in the household help pay? (If paid by other than a HH member, ask who primarily paid.)</p>	<p>8158 1 <input type="checkbox"/> Paid all by self or other HH member — SKIP to Check Item T16 2 <input type="checkbox"/> Relative 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Someone else</p>
<p>b. What proportion of the moving expenses were paid by this (other person/employer)?</p>	<p>8160 1 <input type="checkbox"/> All of the costs 2 <input type="checkbox"/> Half or more but not all 3 <input type="checkbox"/> Less than half } SKIP to Check Item T16</p>
<p>CHECK ITEM T15 Is "Always lived here" box marked in item 7?</p>	<p>8162 1 <input type="checkbox"/> Yes — Enter state code for current residence into item 11a 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T16 Is "Lived there since birth" box marked in item 8b?</p>	<p>8164 1 <input type="checkbox"/> Yes — Enter code from item 8a into item 11a 2 <input type="checkbox"/> No</p>
<p>ASK OR VERIFY —</p> <p>11a. In what state or foreign country was ...'s mother living when ... was born? (Enter code from Flashcard W)</p>	<p>_____ Name</p> <p>8166 <input type="text"/> <input type="text"/> Place of birth code x1 <input type="checkbox"/> Don't know</p>
<p>ASK OR VERIFY —</p> <p>b. In what state or foreign country was ...'s mother born? (Enter code from Flashcard W)</p>	<p>_____ Name</p> <p>8168 <input type="text"/> <input type="text"/> Place of birth code x1 <input type="checkbox"/> Don't know</p>
<p>ASK OR VERIFY —</p> <p>c. In what state or foreign country was ...'s father born? (Enter code from Flashcard W)</p>	<p>_____ Name</p> <p>8170 <input type="text"/> <input type="text"/> Place of birth code x1 <input type="checkbox"/> Don't know</p>

Section 5 — TOPICAL MODULES (Continued)

Part C — MIGRATION HISTORY (Continued)

**CHECK
ITEM T17**

Refer to item 11a, page 50.
Is . . . 's place of birth code equal to
62—99?

8172

- 1 ☐ Yes
2 ☐ No — *SKIP to item 14*

12. Is . . . a citizen of the United States?

8174

- 1 ☐ Yes, naturalized citizen
2 ☐ Yes, born abroad of American
parent or parents — *SKIP to item 14*
3 ☐ No

13. In what year did . . . come to the United States
to stay?

8176

1 9

x6 ☐ Before 1901

(Now I have a few questions about . . . 's places
of residence.)

14. Aside from . . . 's current residence, does . . .
regularly live at another residence for 30 or
more days during the year? (Include time spent
away at school, or at a vacation or second home
whether owned or rented. The days need not be
consecutive but must be at the same address.)

8178

- 1 ☐ Yes
2 ☐ No — *SKIP to part D, page 52*

15. In what state or foreign country is the other
residence located?

(Enter code from Flashcard W)

8180

Code

x8 ☐ Same state as current residence

Name

16. Which residence does . . . consider to be . . . 's
usual residence?

8182

- 1 ☐ Current residence
2 ☐ Other residence (listed in item 15)

17. How many days during a year does . . . spend at
the other residence?

8184

- 1 ☐ 270 days or more
2 ☐ 180 to 269 days
3 ☐ 90 to 179 days
4 ☐ 30 to 89 days

GO to part D, page 52

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part D — FERTILITY HISTORY

CHECK ITEM T18	Refer to cc items 24 and 28. What is . . . 's age and sex?	8186	1 <input type="checkbox"/> Female, 15 + years old — <i>SKIP to item 19a</i> 2 <input type="checkbox"/> Male, 18 + years old — <i>SKIP to item 18</i> 3 <input type="checkbox"/> Male 15—17 years old
CHECK ITEM T19	Refer to cc item 26a. What is . . . 's current marital status?	8187	1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married — <i>SKIP to part E</i>
STATEMENT B → Now I have a few questions about the number of children, if any, that have been born to . . .			
	18. How many children, IF ANY, is . . . the father of? (If previously married, include all children born in previous and current marriages. Do not count adopted, foster or stepchildren.)	8188	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None x1 <input type="checkbox"/> Don't Know </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div> <i>SKIP to part E, page 54</i> </div> </div>
	19a. How many children, if any, has . . . ever had? (Do not count stillbirths, adopted, foster, or stepchildren.)	8190	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None — <i>SKIP to Check Item T27, page 53</i> </div> </div>
	b. Are all of . . . 's children currently living in this household?	8192	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T21</i>
CHECK ITEM T20	Refer to cc item 24. Verify the birth date of . . . 's first and last child (if more than one child ever born) and enter the person number of the child(ren).		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> First child 8194 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last child 8200 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Year</div> <div>Person number</div> </div> <div style="display: flex; justify-content: space-between;"> <div>8196 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>8198 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Year</div> <div>Person number</div> </div> <div style="display: flex; justify-content: space-between;"> <div>8202 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>8204 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div> </div> </div> <div style="margin-left: 10px; font-size: 2em;">}</div> <div style="margin-left: 10px; text-align: center;"> <i>SKIP to Check Item T24</i> </div>
CHECK ITEM T21	Refer to item 19a. How many children has . . . ever had?	8206	1 <input type="checkbox"/> One child — <i>SKIP to item 21a</i> 2 <input type="checkbox"/> 2 + children
	20a. In what month and year was . . . 's last child born?	8208	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="text"/> <input type="text"/> Month 8210 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year </div> <div style="margin-right: 10px;"> x1 <input type="checkbox"/> Don't know x1 <input type="checkbox"/> Don't know </div> </div>
CHECK ITEM T22	Refer to item 20a. Was . . . 's last child born on or after January 1, 1960?	8212	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to item 21a</i>
	ASK OR VERIFY — 20b. With whom does the child live now?	8214	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Resides in this household — <i>Go to Check Item T23</i> Resides elsewhere 2 <input type="checkbox"/> In his/her own household With relatives 3 <input type="checkbox"/> With own father 4 <input type="checkbox"/> With own grandparent(s) 5 <input type="checkbox"/> With adoptive parents 6 <input type="checkbox"/> With other relatives With nonrelatives 7 <input type="checkbox"/> In foster care/foster family 8 <input type="checkbox"/> In an institution (hospital) 9 <input type="checkbox"/> In school 10 <input type="checkbox"/> In correctional facility 11 <input type="checkbox"/> Other 12 <input type="checkbox"/> Deceased 13 <input type="checkbox"/> DK </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div> <i>SKIP to item 21a</i> </div> </div>
CHECK ITEM T23	Write the person number of the last child.	8216	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person number of last child
	21a. In what month and year was . . . 's (first) child born?	8218	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="text"/> <input type="text"/> Month 8220 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year </div> <div style="margin-right: 10px;"> x1 <input type="checkbox"/> Don't know x1 <input type="checkbox"/> Don't know </div> </div>
CHECK ITEM T24	Refer to item 21a or to Check Item T20. Was . . . 's (first) child born on or after January 1, 1960?	8222	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T27, page 53</i>

Section 5 — TOPICAL MODULES (Continued)

Part D — FERTILITY HISTORY (Continued)

<p>ASK OR VERIFY —</p> <p>21b. With whom does the child live now?</p>	<p>8224 1 <input type="checkbox"/> Resides in this household — Go to Check Item T25</p> <p style="margin-left: 40px;">Resides elsewhere</p> <p>2 <input type="checkbox"/> In his/her own household</p> <p style="margin-left: 40px;">With relatives</p> <p>3 <input type="checkbox"/> With own father</p> <p>4 <input type="checkbox"/> With own grandparent(s)</p> <p>5 <input type="checkbox"/> With adoptive parents</p> <p>6 <input type="checkbox"/> With other relatives</p> <p style="margin-left: 40px;">With nonrelatives</p> <p>7 <input type="checkbox"/> In foster care/foster family</p> <p>8 <input type="checkbox"/> In an institution (hospital)</p> <p>9 <input type="checkbox"/> In school</p> <p>10 <input type="checkbox"/> In correctional facility</p> <p>11 <input type="checkbox"/> Other</p> <p>12 <input type="checkbox"/> Deceased</p> <p>13 <input type="checkbox"/> DK</p> <p style="text-align: right; margin-right: 20px;">} SKIP to item 22a</p>
<p>CHECK ITEM T25 Write the person number of the (first) child.</p>	<p>8226 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Person number of (first) child</p>
<p>22a. Before the birth of ...'s (first) child, did ... ever work for pay continuously for six months or more either part time or full time?</p>	<p>8228 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>b. Did ... work for pay at a job at any time when ... was pregnant with ...'s (first) child?</p>	<p>8230 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to item 22g</p>
<p>c. Did ... work 35 hours or more per week at the last job ... held before the birth of ...'s (first) child?</p>	<p>8232 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>d. How long before the birth of ...'s (first) child did ... stop working?</p>	<p>8234 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number of months</p> <p>x3 <input type="checkbox"/> Less than a month</p> <p>x4 <input type="checkbox"/> Never stopped/worked right up to delivery</p>
<p>e. Did ... quit or was ... let go from this job, or did ... take maternity leave or unpaid leave of absence (either before the birth of the child or up to 6 weeks after the child's birth)?</p> <p>Mark all that apply</p>	<p>8236 1 <input type="checkbox"/> Quit</p> <p>8238 2 <input type="checkbox"/> Let go</p> <p>8240 3 <input type="checkbox"/> Maternity/sick/other paid leave</p> <p>8242 4 <input type="checkbox"/> Unpaid leave of absence</p> <p>8244 5 <input type="checkbox"/> Never stopped working — SKIP to Check Item T27</p>
<p>CHECK ITEM T26 Refer to item 22e. Is category 3, "Maternity/sick/other paid leave," marked in item 22e?</p>	<p>8246 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to item 22g</p>
<p>22f. Did ...'s employer pay for all or part of ...'s leave through maternity benefits or sick pay?</p>	<p>8248 1 <input type="checkbox"/> Yes, all</p> <p>2 <input type="checkbox"/> Yes, part</p> <p>3 <input type="checkbox"/> No</p>
<p>ASK OR VERIFY —</p> <p>g. Did ... work for pay at any time after the birth of ...'s (first) child?</p>	<p>8250 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item T27</p>
<p>h. In what month and year did ... first begin working after the birth of ...'s (first) child?</p>	<p>8252 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8254 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>i. When ... FIRST began working after the birth of ...'s (first) child, did ... work 35 hours or more per week?</p>	<p>8256 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T27 Refer to cc item 24. Is ... 18 to 44 years old and a self respondent?</p>	<p>8258 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — Skip to part E, page 54</p>
<p>23. Do you expect to have any (more) children?</p>	<p>8260 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to part E, page 54</p>
<p>24. How many (more) children do you expect to have?</p>	<p>8262 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number</p> <p>x1 <input type="checkbox"/> DK</p>
<p>25. When do you expect to have your next (first) child?</p>	<p>8264 1 <input type="checkbox"/> Within a year</p> <p>2 <input type="checkbox"/> 1 + but less than 2 years</p> <p>3 <input type="checkbox"/> 2 + but less than 3 years</p> <p>4 <input type="checkbox"/> 3 + but less than 5 years</p> <p>5 <input type="checkbox"/> 5 + years</p> <p>x1 <input type="checkbox"/> DK</p>

GO to part E, page 54